

STATE OF NEW HAMPSHIRE 2018 Statement of Income and Expenses for LOBBYISTS (RSA Chapter 15)

PLEASE PRINT

I. Name of Lobbyist(s):	Heidi L. Kroll; Paul A. Worsowi	cz
II. Name of Lobbyist's pa	artnership, firm or corporation, if any:	
	GALLAGHER, CALLAHAN	& GARTRELL, P.C.
	214 North Main Street, Co	ncord, NH 03301
603-228-118	81 603-226-3334	kroll@gcglaw.com
(Telephone) (Fax)	(Email)
	s: (Choose one – file separate reports for actions which are not attributable to any	each client, OR you may file a separate report for one client.)
All reportable trans	actions occurring in the month prior to the	reporting date relative to the following client.
	AMERICA'S HEALTH INSUR	ANCE PLANS (AHIP)
	Full Name of Client as it appears on the Lo	
All reportable transumrelated to any parts		rist's family), or the lobbying firm listed below which ar
IV. Date of Report:	April 25, 2018 🗵	July 25, 2018 □
Reports cover: activity	ty from date of registration to 3/31/18	activity from 4/1/18 to 6/30/18
•	October 31, 2018 □	January 30, 2019 □
acti	ivity from 7/1/18 to 9/30/18	activity from 10/1/18 to 12/31/18
	es received and no reportable transaction plete just this form and submit it to the Secr	ns made since the last report. letary of State's Office, State House, Room 204,
VI. Check if additional r	reports are attached: d fees or made expenditures, you must file	Addendum A – Fees and Expenses
·		nust file Addendum B – Report of Honorariums or
If you, your firm, o	r your family has made political contribution	ons, you must file Addendum C – Political Contribution
Sworn Statement/Affirms I have read RSA 15, RSA 1 to the best of my knowledge	15-B and RSA 664 and hereby swear or affi	rm that the foregoing information is true and complete
(Signature of Lobbyist)	υ	<u> </u>
(Signature of Lobbyist)		(Date)
Heidi L. Kroll		
(Print Name of lobbyist)		

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APR 25 2018

NEW HAMPSHIRE DEPARTMENT OF STATE



STATE OF NEW HAMPSHIRE Lobbyists Fees and Expenses Addendum A

(RSA Chapter 15:6)

I. Name of Lobbyist(s)	Heidi L. Kroll; Paul A. Worsowicz						
II. Name of lobbyist's pa	artnership, firm or corporation, if any:						
	GALLAGHER, CALLAHAN & GARTRE	LL, P.C.					
(Name of partnership, firm or corporation)							
	AMERICA'S HEALTH INSURANCE PLANS (AHIP)	Date	April 25, 2	2018			
lobbying, including fees for	of all fees received from the client identified above or services such as public advocacy, government relationing legislation, and related legal work. The gross is	ations, or	public relatio	ons services,			
a) Total of all fees receive	ed in this reporting period		a) \$	16,137.00			
	ed this calendar year, prior to this reporting period. total prior monthly reports for this calendar year.)		b) \$				
c) Total of all fees receive (Add lines a and b)	ed to date.		c) \$	16,137.00			
d) Indicate the amount of yet been paid.	any such fees that are due, but have not		d) \$.00.			
fees. Separate reports are lobbyist(s)/firm that are u are to be reported in one reporting period for salar expenses where the expenthe cost was \$25.00 or les purchase of a ceremonial statement of each individu covered by (a) (for examp given to the subject of lo legislative reception). Ex	therships, firms, or corporations are required to rect to be filed for expenditures made relative to each of included to any one client a separate report may be of three categories of expenses: (a) the aggregaties, benefits, support staff, and office expenses; (a) diture was of \$25.00 or less (for example: meals places, purchase of a pen with a value of less than \$10 to object given to a person being lobbied with a value and expenditure made during this reporting period of oble: purchase of a meal with value of greater than \$25 to obbying with a value greater than \$25, but not greater than \$25, but not greater than \$25 to obbying with a value g	tient and i filed for the te total of b) the agourchased that is give of \$25.00 greater the 15, purchased	f expenditure the lobbyist(s) f all expense gregate total during a bus en to the person or less); as nan \$25.00 fo se of a ceren \$50, restaura	es are made by the s)/firm. Expenses es paid during the of all individual iness lunch where son being lobbied and (c) an itemized or any purpose no nonial object to be ant expenses for a			
support staff, and office ex	ses for this reporting period for salaries, benefits, xpenses, related directly or indirectly to lobbying. enditures during this reporting period, not reported	a) \$ b) \$		12,002.75			
in a), of \$25 or less.	renditures during this reporting period, not reported			.00			
c) Total of all itemized ex	enenditures reported in detail in section VI.	c) \$	•	100.00			

Lobbyist Fees & Expenses, Addendum A – Page 2 Client: AMERICA'S HEALTH INSURANCE PLANS (AHIP)		
d) Total expenses for this reporting period.		
(Add lines a, b and c.)	d) \$ _	12,102.75
e) Total of expenses paid this calendar year, prior to this reporting period. (This should be the amount on line f of addendum A for last month's report.)	e) \$	
f) Total of all expenses year to date.	f) \$	12,102.75
VI. Other Expenses: Provide the following detail for all expenditures of more than \$25 made from lobbying fees period, including by whom paid or to whom charged.	during this	reporting
Paid to:	Am	ount
State of NH	\$	100.00
State of NH	_	
	— 🕻 ——	
	— 💲 ——	
	- <u> </u>	
Sworn Statement/Affirmation by Lobbyist		
I have read RSA 15, RSA 15-B and RSA 664 and hereby swear or affirm that the form is true and complete to the best of my knowledge and belief.	oregoing in	nformation
	.18	
(Signature of lobbyist) (I	(Date)	
Heidi L. Kroll (Print Name of Lobbyist)		

State of New Hampshire Signature Form for Associated Lobbyist RSA Chapter 15

Use this form to swear or affirm the truth and completeness of Income and Expense Statements and related Addendums

Sworn Statement/Affirmation by Lobbyist Statement of Income and Expenses for:

Statement of income and Expenses for:						
Name of Lobbying partnership, firm or corporation: GALLAGHER, CALLAHAN & GARTRELL, P.C.						
Name of Client (leave blank if Statement is for the partnership, firm, or corporation and not related to any particular client): America's Health Insurance Plans (AHIP)						
Date of Report (chec	ck one):					
April 25, 2018	July 25, 2018 □	October 31, 2018	January 30, 2019 □			
		Statement of Income and Exement (insert the number of	spenses described above, and the Addendum forms being			
1 Addendum A(s	3).					
0 Addendum B(s	s).					
_0 Addendum C(s	s).					
	firm that the foregoing info of my knowledge and belie		nd each Addendum is true and			
(Signature of Lobby	Morsoney		47678 (Date)			
Paul A. Worsowicz						
(Print Name of lob)	byist)					